



# WASHINGTON SPECIAL FUEL SUPPLIER TAX RETURN

# SP

Fuel Tax Section  
PO Box 9048  
Olympia WA 98507-9048  
(360) 664-1852

<b>A. REPORTING PERIOD</b> Year: _____ Month: _____		FOR VALIDATION ONLY -- 108-030-116-0001	
<b>B.</b> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No Operations this period <input type="checkbox"/> Amended Return</div><div><input type="checkbox"/> Name Change <input type="checkbox"/> Address Change</div><div><input type="checkbox"/> Late Return</div></div>			
<b>C.</b>		<div style="border: 1px solid black; padding: 2px;">VALIDATED POSTMARK DATE</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"><b>D.</b> Cancel license Effective Date _____</div>	
<b>Account #</b>			
1 Beginning physical inventory		1	
2 Fuel received (total from Schedule A on reverse)		2	
3 Ending physical inventory		3	
4 Total accountable gallons (line 1 + line 2 - line 3)		4	
5 Tax exempt gallons (total from Schedule B on reverse)		5	
6 Taxable gallons (line 4 - line 5)		6	
7 Washington power take-off credit gallons *		7	
8 Tax paid purchases (Schedule A, line A1)		8	
9 Net taxable or credit gallons (line 6 - line 7 - line 8)		9	
10 Special fuel tax (line 9 x tax rate)		10	
11 Penalty after 25th of month (line 10 x 10%)		11	
12 Sum of line 10 + line 11		12	
13 Interest (line 12 x 1%)		13	
14 Total fuel tax liability (line 12 + line 13)		14	
15 Previous payments (Amended returns only)		15	
16 Credit for non payment of tax from purchaser *		16	
17 Total adjustments (line 15 + line 16)		17	(            )
18 If total of lines 14 - 17 is greater than zero, amount owed		18	
19 If total of lines 14 - 17 is less than zero, net refund amount		19	(            )
<b>EFT payment</b>			

## PLEASE RETAIN A COPY OF THIS TAX RETURN FOR YOUR RECORDS

### SIGNATURE REQUIRED

I certify under penalty of perjury that this return is true, correct and complete to the best of my knowledge.

Signature _____	Title _____
Print Name _____	Date _____ Phone (    ) _____
Contact Name _____	Phone (    ) _____

# WASHINGTON SPECIAL FUEL SUPPLIER TAX RETURN

Name \_\_\_\_\_ Account/License no. \_\_\_\_\_

## SCHEDULE A - FUEL RECEIVED

A1 Gallons purchased/received tax paid *	A1	
A2 Non-taxed from Washington licensed Suppliers/Importers *	A2	
A3 Imported direct to customer/non licensed bulk storage *	A3	
A4 Imported directly into licensed terminal rack *	A4	
A5 Other ** (Including gains from bulk storage, temperature adjustments and transportation)	A5	
Total fuel received (sum of lines A1 through A5)		

## SCHEDULE B - TAX EXEMPT GALLONS

B1 Sales to Washington licensed Suppliers *	B1	
B2 Export sales by supplier *	B2	
B3 Sales to licensed exporters *	B3	
B4 Sales to exempt public agencies/offices *	B4	
B5 Investigated damage losses	B5	
B6 Washington off-highway gallons	B6	
B7 Sales to Distributors/IFTA carriers with IFTA Authorization *	B7	
B8 Non-Dyed Diesel rebranded to Dyed Diesel *	B8	
B9 Other ** (Including losses from bulk storage, temperature adjustments and transportation)	B9	
Total exempt gallons (sum of lines B1 through B9)		

## SCHEDULE C - DYED DIESEL SALES

Dyed Diesel Sales in Washington only	
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\* Support schedule required

\*\* One support schedule for each category required